

## **APPLICATION DATA SHEET**

### **Application Information**

Application number:: 09421718  
Filing Date:: 10/20/1999  
  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: SYSTEM AND METHOD FOR  
INTERFACING A LOCAL  
COMMUNICATION DEVICE  
  
Attorney Docket Number:: 1128C  
Suggested Drawing Figure:: FIG. 1  
Total Drawing Sheets:: 10

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Status:: DECEASED  
Given Name:: JOSEPH  
Middle Name:: MICHAEL  
Family Name:: CHRISTIE

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: MICHAEL  
Middle Name:: JOSEPH  
Family Name:: GARDNER  
City of Residence:: OVERLAND PARK  
State or Providence of Residence:: KS  
Country of Residence:: USA

Street of mailing address:: 5307 WEST 100TH STREET  
City of mailing address:: OVERLAND PARK  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66207

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: WILLIAM  
Middle Name:: LYLE  
Family Name:: WILEY  
City of Residence:: OLATHE  
State or Providence of Residence:: KS  
Country of Residence:: USA  
Street of mailing address:: 814 NORTH MESA STREET  
City of mailing address:: OLATHE  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66061

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: ALBERT  
Middle Name:: DANIEL  
Family Name:: DUREE  
City of Residence:: INDEPENDENCE  
State or Providence of Residence:: MO  
Country of Residence:: USA  
Street of mailing address:: 16913 COGAN ROAD

City of mailing address:: INDEPENDENCE  
State or Province of mailing address:: MO  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 64055  
Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: USA  
Given Name:: TRACY  
Middle Name:: LEE  
Family Name:: NELSON  
City of Residence:: SHAWNEE MISSION  
State or Providence of Residence:: KS  
Country of Residence:: USA  
Street of mailing address:: 7103 MASTIN  
City of mailing address:: SHAWNEE MISSION  
State or Province of mailing address:: KS  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66203

### **Correspondence Information**

Correspondence Customer

Number:: 28004  
Phone number:: (303) 938-9999 EXT. 13  
Fax Number:: (303) 938-9995  
E-Mail address:: MSETTER@DSOBLAW.COM

### **Representative Information**

<b>Representative Customer Number::</b>	<b>28004</b>
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>THIS APPLICATION</b>	<b>Continuation of</b>	<b>08/754,354</b>	<b>11/22/19996</b>

**Assignee Information**

Assignee name::

SPRINT COMMUNICATIONS  
COMPANY, L. P.